

8-13-80 #1 PARSONNET

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beth israel, hospital, bypasses, newark, pacemaker, work, patient, surgery, heart, people, operation, arteries, personal involvement, open heart surgery, long, institution, began, years, proud, tertiary care

SPEAKERS

Film staff, Gordon Bishop, Dr. Victor Parsonnet



00:00

[Preparing scene]



Gordon Bishop 00:32

Dr Parsonnet. Beth Israel Medical Center is renowned throughout the world for being a pioneer in heart surgery. Beth Israel could be situated anywhere. Why Newark?



Dr. Victor Parsonnet 00:48

Well, Gordon, we have to put that in perspective. Heart surgery didn't become a big specialty until 1970. And a little later than that, even. And the decision to remain in Newark was made the decade before that. And that decision was made with a lot of soul searching, you know, it was at that time it was just before all the, the riots. And before all the ethnic problems we had in the area. On the- things were fairly bad, and it was very tempting at that time before there were regulations about moving, to move to a nice quiet suburb. And the Board of Trustees, after a lot of soul searching decided that the thing to do would be to stay in Newark because, first of all, there were at that time 450,000 people in Newark, who needed medical care, there was no hospital in the south Ward, one of the hospitals in the central Ward had already left and just made a what was, I think, a moral judgment to stay on and provide community care. Subsequently, when when the hospital became busy in tertiary care by that I mean, high quality, high profile care, it was no longer possible to move, you couldn't move a hospital now because of federal and state regulations and controlled by the health service agencies and the governor and the commissioner of health. I mean, that would not be possible. There is no move anymore, either to move the hospital, we're very happy here.



Gordon Bishop 02:28

When was Beth Israel established, and for what reasons?

D

Dr. Victor Parsonnet 02:34

Beth Israel started in 1901 on High Street, we really are a Newark institution. It started in High street, in a little building near West Kinney Street. And the reason it was started was that in those days, Jewish doctors could not get into other hospitals. And they started a very small hospital with a staff of about 15 doctors. That was their original purpose. Subsequently, just like all other ethnic hospitals, it became multi ethnic, and modified its identity some. And of course, the mood about Jewish physicians practicing everywhere is entirely different. It's a new world. But that was originally reason to start. It was a Jewish Hospital.

G

Gordon Bishop 03:19

When I understand, I'd like to talk about your personal involvement. First of all, let's get on the record that it became a like a learning institution also didn't it?

D

Dr. Victor Parsonnet 03:31

Yes, a teaching institution.

G

Gordon Bishop 03:32

You want to discuss that a little bit?

D

Dr. Victor Parsonnet 03:34

Yeah, you know, I suppose one of the one of the things that for which we're proud is that we're very much interested in education of all kinds. And the Beth Israel was the first hospital to organize residency programs, long before there was a medical school. In fact, we had the first surgical residency in the state in 1947. And we now have residencies in eight or nine specialties. Subsequently, the school moved to Newark. And the hospital was then the first in the area to have a full affiliation with the medical school. And we began having medical students regularly. And we still do, our affiliation is wide, wide based. And we have a great number of students here all the time. So our interest became extended to medical students, although the interests began with the training of residents and with physician excellence, staff excellence.

G

Gordon Bishop 04:34

Maybe you can with your hand make reference to that picture is that is that what Beth Israel looked like? And give me that statement in complete lines like this is how Beth Israel looked in its infancy or something like that?

D

Dr. Victor Parsonnet 04:46

Well, the picture here is of Beth Israel as it appeared in about 1950. There is the cobalt unit and the auditorium already up. Maybe 55, before that that cobalt unit wasn't there, and that building in that picture was built in 1929. The, I guess the second move of the hospital, the first move was a little building and next one was a big building on West Kinney Street. And then finally, the move to present location in 1929.

G

Gordon Bishop 05:18

How big is Beth Israel today in terms of staff, and patients?

D

Dr. Victor Parsonnet 05:22

Well we usually express the size of a hospital in bed capacity, and we have about 525, 530 beds, which is a big community hospital. It's, there are some bigger St. Barnabas is 750, something like that. That's that's a fairly big hospital.

G

Gordon Bishop 05:39

Now, your personal involvement? I know it's going to be difficult because you're modest man that I know from our talks last time, but I'd like you to, to be candid and mention about how your grandfather I understand, founded this hospital, this institution. Yeah.

D

Dr. Victor Parsonnet 05:55

Well, my ancestors began here. They were both, they were contemporaries. They both got their licenses about the same time, one graduated medical school in 99 and one in 1900, 1899, that is, one in 1900. And they were they were Dr. Max Danzis and Dr. Victor Parsonnet. And they were two of the founders, Victor Parsonnet was the president of the staff until 1920, when he died, incidentally, sudden death of a heart attack, which we are so busy worrying about these days. And my other grandfather, Max Danzis later became president medical staff for 20 years. So shortly before his death, suddenly, in 19, when he was 79 years old, while coming back from a meeting. So I've had deep roots. And of course, my father was a Chief of Surgery here for many years and still an active physician at age 80. And now my wife is on the staff. At one time we had-

G

Gordon Bishop 06:49

What does your wife do?

D

Dr. Victor Parsonnet 06:49

My wife's an internist, she works here in the building. One time we had maybe 15 of my family

here. So we really are a deep rooted family in the hospital and have a lot, of course that provides you with a lot of emotional ties. I can't always dissect them out as to what's emotional and what's intellectual, but it's a combination, obviously.

G

Gordon Bishop 07:10

What are you most proud of, Beth Israel, in the city of Newark? For the record, I'd like you to, if you can, without sounding contrived, because the title of the movie is, It's my home. Now if you can fit that it's my home into a response about you, Beth Israel, family, your family, roots go way back and tie it into it's my home somehow. This is your home. If you get that it's my home in there, that'd be nice for the title.

D

Dr. Victor Parsonnet 07:38

So try the question again.

G

Gordon Bishop 07:42

Relate how your ancestors, the roots, the family roots are here and you're staying here because it's my home

D

Dr. Victor Parsonnet 07:55

Well you asked what what I'm most proud of it's it's hard to say there's too many things about about the institution and about Newark life that make me, [don't] make it easy to say what's the major issues. I think the thing I'm most proud of now is that we won it, we won the game. It was, there were many times when we thought we wouldn't survive we lost a lot of our staff who moved to the suburbs. It's a natural move we don't hold it against them it was easy, the easier life up there but we lasted and not only did we last we prospered we now have high quality care not only tertiary care but high quality community care. We have a tremendous clinic service and a tremendous emergency room service and I'm very proud that we survived and it's Newark is a home for us, it's a home for the hospital, it's obviously been my home all my life. I work only here ,I don't do any surgery anywhere else. And it's, uh, It's satisfying to have succeeded in something which we didn't, weren't expected to succeed.

G


Gordon Bishop 08:59

You conducted the first screen atomic...


F


Film staff 09:02


We have about another minute of film. Could you just make the statement for film, for a possible clip elsewhere in the film, Newark it's


 Dr. Victor Parsonnet 09:10
It's my home


 Film staff 09:12
medically speaking Newark is my home.


 Dr. Victor Parsonnet 09:14
Yeah. Yeah, medically speaking Newark. Newark is my home. That's where I want to work.


 Gordon Bishop 09:23
Okay, okay. Let's do a cut. Cut, reload, make reference. Speed work.

 09:33
Okay. Voiceover only Dr. Parsonnet, Beth Israel Hospital.

 Gordon Bishop 09:38
Dr., we can start from the nuclear pacemaker, which was a historic breakthrough happened here at Beth Israel, then you can discuss what you're doing today that excites you. And then the finite description of what you're going to be doing in surgery later on. You, take it in that order.

 Film staff 09:56
I think it's it's appropriate to for you to speak of it in the first person where it appropriate.

 Dr. Victor Parsonnet 10:02
I'm usually uncomfortable about that so..

 Gordon Bishop 10:04
All right do it, however you feel



D Dr. Victor Parsonnet 10:08

No, I don't believe there is any first person singular in medicine. And I think you oughta avoid it. Just to review the, the growth of the heart surgery program might be of some interest. Not everything grows on something else, obviously. And we began putting in pacemakers here in 1960, which was the, one of the first hospitals in the world to do it, actually, about the third hospital in the world to do it. Certainly the first in the, in the, in this area. And we became known as a pacemaker center. And it was a very high profile thing, you know, implanting a artificial gadget made a lot of headlines. And that high profile built upon the previous reputation of this Hospital as a Cardiology Center, incidentally, through some of my other ancestors, Aaron Parsonnet, for example, and many other well known cardiologists built upon that reputation, and gave it a surgical twist, the previous reputation in cardiology was medical cardiology, and then we gradually got surgical interest, the same time the open heart surgery program began, and about that time when that really began to grow.

G Gordon Bishop 11:20

What year was that?

D Dr. Victor Parsonnet 11:21

That was the open heart surgery program began about 1967. It became, well actually 64, with occasional cases 67 and began to do a few. 70 began to do large numbers. Around the same time, the pacemaker work grew to the point where we needed a better pacemaker. And based upon recommendations of mine, actually, to the Atomic Energy Commission, which is now the Nuclear Regulatory Commission now I see. They explored the use of nuclear power in pacemakers. And that, of course, was very exciting and made a lot of big headlines. And it's, it's now, it's now all history and ancient history, probably, because nuclear pacemakers are hardly used anymore, because there are other less expensive, long life batteries, in any event, that made a lot of noise, also, and was a great, a matter of great satisfaction to us to have accomplished something that was that complex. And that led naturally into into the growth of the same time to the growth of more heart surgery at this institution. And we now are at the crest of a wave in the new field of, of coronary heart surgery, in addition to regular valvular heart surgery, and our we have become very busy. And that's, I think our major accomplishment, and that's what we're going to see this morning. As I say the pacemaker work, which at one time was very exciting, is the is now sort of mundane, everyday work, which things become that not obviously, the today this patient we're operating on has severe coronary heart disease, rather bad angina.

G Gordon Bishop 13:09

It's a male or female?

D Dr. Victor Parsonnet 13:10

It's a man. He's a man about 65 years of age, very jovial, nice fella. He has what we call two vessel disease. And we are looking at his arteriogram, which was done several weeks ago, which shows that two of his three arteries to his heart are obstructed or badly narrowed. And

which shows that two of his three arteries to his heart are obstructed or badly narrowed. And these will be repaired by what we'd call a coronary bypass operation, he'll have a double bypass meaning two arteries will be fixed by transplanting a vein from the leg to his heart and jumping the vein around the obstruction. The things you'll see going on in the room are the team of about 10 people, we do three or four cases a day. So this team has to be work two shifts and in two rooms. So there were 20 people approximately working simultaneously on the on the patient. The room was full of monitors of various kinds, the heartland pump and the surgical team naturally. What else you want me to say about that?

G

Gordon Bishop 14:18

How long does it take an operation?

F

Film staff 14:20

this long this duration,

D

Dr. Victor Parsonnet 14:22

This operation will has begun already patients been put to sleep and from the time we make the incision until the time we close will be about three hours. But the the meat of the operation which is the bypass itself when the patient is having his life sustained on the heart lung machine will be about 40 minutes, or a little less maybe with two bypasses. The average number of bypasses we do is more than three so he's a he's what we call an easy case, because it's short and few fewer bypasses, but it takes about three hours. Once in a while they're longer

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Gordon Bishop 14:56

What's the most number of bypasses do you do on a person And how long would that take?

D

Dr. Victor Parsonnet 15:02

The average number of bypasses we do is somewhat more than three, I have done eight on one patient. There are only three coronary arteries, but three major ones, but there are a lot of branches. And some of those branches at times can be very large, and you just put a bypass into every one, you, you, you have to so if you put them into the three major vessels plus five branches, that's an eight bypass now that takes a good deal longer, it takes about 10 to 15 minutes per connection, and each vein has two connections. So you can see that that could take several hours, a simple double bypass like that we're doing now, will take 30 minutes for the lower business ends of the bypass and another 30 minutes for the upper. So the all the bypasses put together will be about an hour



15:49

[Hard to hear this whole section] about the the technical equipment that you'd have to put on for the surgery, it would be useful if you commented on what the equipment is, as though we were showing you put it on step by step. So you wouldn't just jump back into it. No, I just assume have all that done. While we're watching on do this series,

D

Dr. Victor Parsonnet 16:09

We're still rolling aren't we? Okay, the the equipment that we wear, it looks kind of space age 2001 type stuff is really nothing more, but that then magnifying glasses, magnifying loops, so that we attach to our eyeglasses. The [unintelligible] glass just to hold the the, the loops in place, and they're three and a half times magnification. So everything looks three and a half times larger. The coronary arteries are only about the size of a lead in the lead pencil and maybe a little larger. So you need magnification to place the stitches properly. The the head light is a fiber optic light, which is cold light, so it doesn't heat heat our heads. And it so we all sort of look like a cyclops the light is right between your eyes, and just illuminates the field. So you can see well and accurately. We use micro instruments to make take small stitches, and we the heart has to be absolutely quiet. So that's the the really the exciting part of the operation is to see the heart arrested we we inject cold material into the coronary arteries with which contains some material to stop the heart. So we can work on it. And the heart can be stopped for several hours without beating and still return to normal function. Most exciting part of the operation is always the heart picking up on its own again. And maybe you'll have the chance to see something like that.

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Gordon Bishop 17:40

And what is the most critical part. I know you told me last time

D

Dr. Victor Parsonnet 17:43

most critical part of the operation is the

G

Gordon Bishop 17:46

start that again, that was

D

Dr. Victor Parsonnet 17:47

The most critical part of the operation is is the performance of the bypasses, and the preservation of the heart while it's been arrested, you want to do all this in the heart without producing any damage to any of the heart cells. And that's the critical period if you get good, what we call preservation of the heart muscle and do your technical job well. If you do if you do good technical, repair the vessels and preserve the heart muscle, well, then the patient is will recover uneventfully, almost always.



Gordon Bishop 18:27

What is your recovery rate for open heart surgery at Beth Israel? You can give me that statement back [unintelligible]



Dr. Victor Parsonnet 18:33

The, the overall results for coronary bypass surgery is a question that's often asked. And the way to answer it is to qualify what kind of patient you're talking about. The normal good risk and fair risk patient who is not an emergency has a 99 plus percent chance of immediate and long term survival. Patients who are emergencies have complicated heart attacks, have somewhat poor long term results. But there is quite convincing evidence now that for those patients we operate on they're all, they do better than they would have done without surgery. But the mortality rates are so low now that the you can almost guarantee patients that they will survive and they will do well.



Gordon Bishop 19:23

Your patients be able to live a normal life after open heart?



19:28

just getting the camera ready to go down my doctor and this will be the last question.



Gordon Bishop 19:33

What was the question



Dr. Victor Parsonnet 19:38

...something about survival..



Gordon Bishop 19:40

Dp they live in like a go on little doubles tennis if they want something like that? Yeah. Swimming. Yeah, thanks. Rolling



Dr. Victor Parsonnet 19:54

Hi I'm over in the in the office. [Unintelligible]



G

Gordon Bishop 20:02

Your patients can can they return to a normal, active life?

D

Dr. Victor Parsonnet 20:07

The long term results of the surgery is a question that people also ask a lot. And I think this the stereotype answer, and probably an accurate answer is they can return to anything that's normal for them at their age. Now, there are exceptions, obviously. People who have badly damaged hearts at the beginning are not going to have normal hearts when they finish. But if the heart is pretty good, and the problem is confined to the narrowed arteries, the person has a normal heart when they finish and can go back to normal activities. We have lots of people who have gone back to playing tennis singles tennis as a matter of fact, lots of people go back to work in a couple of weeks, particularly professionals who who are who look forward to going back to their work. So people who are less anxious to return to work and want to milk compensation to the bottom are likely to go back in three months but you can go back to work in a couple of weeks, if it's not too over, too hard on you, and many people do

G

Gordon Bishop 21:00

Do you you consider pioneer heart surgeons like yourself a special breed species? Do you have to have nerves of steel to do that kind of work?

D

Dr. Victor Parsonnet 21:10

Oh no. I think I'll just say that, Gordon asked if, if the surgeons are heart surgeons are a special breed, I think the only thing special breed about them is they've got a lot of stamina. But there's no work that isn't hard on people, there is nothing that doesn't drive you up the wall. You know, I remember when I was a youngster learning surgery, actually learning biology in college, I almost passed out when I had to dissect a worm. And I guess lots of you have experienced that. I know. I got a sympathetic response from Gordon on that. And each step had to pith(?) a frog you know, it was terrible. We're human just like anybody else. And I think that the the, it's, uh, proper for a surgeon have certain amount of humility, and not think of themselves as something super even though the public tends to see it that way. I'm aware of that. But I think that's a lot of a lot of hooey, everybody does a job. It's a smart job as well.

G

Gordon Bishop 22:08

Did you ever want to be anything but a heart surgeon or?

D

Dr. Victor Parsonnet 22:11

No you know, the modern youth modern youth likes to think a lot what they're gonna do ruminate, take a year off to think you know, I don't ever remember doing that. It just seemed to me that when I finished high school I went to college, when I finished college and with the

medical school, when I finished that I went into a residency without much rumination. I think probably the my kids I have one who's a doctor and one is an engineer, and one is a medical student. They all have much more soul searching than I did. And I think that's just the modern way. I think it's just they question everything much more than we did.

G

Gordon Bishop 22:43

Could I ask you a general question about the learning function, the teaching function here? The nursing facilities at the hospital? Is this a function that relates to the city as an activity? Or do people come here to study nursing?

D

Dr. Victor Parsonnet 22:57

That we had at one time the Beth Israel had a nursing school. And the nursing school was closed a decade or so ago because of the diploma schools and different requirements for nursing. And also because running a nursing school for a community hospital is an unbelievable expense. So most hospitals have had nursing schools have stopped them. And it's nurses are now taught by universities. And so we don't have the nursing students the way we used to we do have nursing students rotating through there, from their from their schools, and we do have various types of nursing training programs. And part of our educational responsibilities in the hospital is training ourselves and by ourselves. I mean our nurses who are our colleagues, and our all our ancillary personnel. That's an important function. Matter of fact, this, this taping this morning, interrupted a teaching conference, which I had to leave. So we do this all the time we teach what we think a third of our time is teaching of some, some type. Either bedside teaching or actually didactic teaching,

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Gordon Bishop 24:02

Your personal lifestyle you put in a 5, 6, 7 day work week?

D

Dr. Victor Parsonnet 24:08

Well, I work always five hard days. By that I mean, I start work around six and I go home around six if I can